

EXHIBIT A

SUMMONS IN CIVIL ACTION-CIRCUIT COURT

STATE OF TENNESSEE
Circuit Court of Marion County

AT JASPER

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MAR 12 2012

Michelle Powell
Plaintiff
 v.
Garden State Life Insurance Co. Commissioner of Insurance and Banking
Defendant

Civil Action

No. 19759 LIFE CLAIMS
Summons

To the above named Defendant(s):

You are hereby summoned and required to serve upon H. Graham Swafford, Jr., plaintiff's attorney, whose address is 32 Courthouse Square, Jasper TN 37347, an answer to the complaint which is herewith served upon you within thirty(30) days after service of this summons upon you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint.

Witness, Evelyn Griffith, Clerk of said court, at office the 5 in March A.D.,
20 12.

Lonna Henderson
Evelyn Griffith, Clerk

By Mona Castle
Deputy Clerk

SUMMONS
IN CIVIL ACTION

Issued the 5 day of March 12
a. 12:30 o'clock P.M.
Lonna Henderson
Evelyn Griffith, Clerk
Mona Castle
Deputy Clerk

H. Graham Swafford, Jr.
Plaintiff's Attorney

Received this _____ day of _____, 20_____, Deputy Sheriff.
(This summons is issued pursuant to Rule 4 of the Tennessee Rules of Civil Procedure.)

RETURN ON SERVICE OF SUMMONS

I hereby certify and return, that on the _____ day of _____, 20_____, I served this summons together with the complaint herein as follows: _____

IN THE CIRCUIT COURT OF MARION COUNTY, TENNESSEE
TWELFTH JUDICIAL DISTRICT

Michelle Powell

Plaintiff,

vs.

Garden State Life Insurance Co.,
Serve Commissioner of Insurance and Banking
for the State of Tennessee
Defendant,

CASE NO: 19759

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CLC/C
2012 TRP
5 11.12.12
CLC

COMPLAINT

Comes the Plaintiff Michelle Powell who would show:

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LIFE CLAIMS

The Plaintiff is the widow of Nevin Powell who passed away June 2, 2010 from lung cancer.

The Defendant Garden State Life Insurance Company is an insurance company that sells life insurance generating business and/or referrals on television.

FACTS

II.

1. On or about January 5, 2010 the Plaintiff and her deceased husband had a insurance policy which had been in place with the Provident Insurance Company in the face amount of \$ 100,000.00.
2. One evening while watching television the Plaintiff and her husband saw an advertisement for life Insurance from the Defendant which was offered an excellent rate.
3. On December 6, 2009 the Plaintiff filed an application with Defendant for life insurance a copy of which is attached.

Michelle Powell vs. Garden State Life Insurance
Case No.
Under Complaint
Page 1 of 4

4. It is admitted the Plaintiff made an unintentional misstatement on question number ten, however the misstatement was clarified and/or corrected in question number fifteen. Simply stated an inquiry was made on the insurance application about heart disease and the unintentional mistaken response was no, however on question number fifteen when the question was restated the Plaintiff and her husband clearly and correctly answered properly. Any misstatement or mistake was unintentional, corrected and/or the Defendant was placed on adequate notice. There was no intentional misstatement.
5. The parties were stable couple who had been married for over thirty one years. The deceased did not live a dangerous lifestyle.
6. There was no physical or examination. On or about January 5, 2010 a life insurance policy was issued which included a life insurance policy insuring Nevin Powell in the amount of \$100,000.00 policy number 06515487.
7. Having secured additional coverage the Plaintiff and her husband then canceled the life insurance policy with the Provident Life Insurance Company which was in the same amount as the policy with Defendant.
8. On or about March 2010 Nevin Powell was diagnosed with cancer and passed away June, 2010.
9. Michelle Powell the widow of Nevin Powell is the beneficiary of life insurance policy # 06515487 insuring her husband in the face amount of one hundred thousand dollars (\$100,000).
10. The Plaintiff filed application for benefits pursuant to the life insurance policy. The Defendant has now refused payment on the grounds of misrepresentation.

LEGAL THEORY

The Plaintiff takes the position the law is clear:

T.C.A. 56-7-103 states clearly in whole:

Misrepresentation or warranty will not VOID POLICY – EXCEPTION - no written or oral misrepresentation or warranty made in the negotiations of a contract or policy of insurance, or in the application for contract or policy for insurance, by the insured or in the insured behalf shall be deemed material or defeat or void the policy or prevent its attaching, unless the misrepresentation or warranty is made with actual intent to deceive, or unless the matter represented increases the risk of loss.

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LIFE CLAIMS

Michelle Powell v. Christian State Life Insurance
Case No.
Order Complaint
Page 2 of 4

Plaintiff insists there was never an intentional misrepresentation. The Plaintiff takes the position that if in fact there had been a mistake on one of the questions the Defendant was in fact given notice of a pre-existing condition. The fact that the Plaintiff and her husband had insurance in place at the time the application in an identical amount establishes no fraudulent intent. The medical condition that caused Nevin Powells death was not related to the inaccuracy on question ten (10) of the insurance application..

The failure of the Defendant to pay the Plaintiff is nothing more than a pretextural ruse to weasel out of their obligation. Plaintiff is entitled to bad faith penalty of an additional amount equal to twenty five (25) percent of the face value of the policy pursuant to T.C. A. 567-105 and or any other section.

PREMISES CONSIDERED PLAINTIFF PRAYS:

1. Process issue.
2. The Defendant should be served thru the Commissioner of Insurance and Banking for the State of Tennessee.
3. The Defendant should have a judgment in the amount of \$100,000.00 which represents the face value of the policy #06515487.
4. Pursuant to T.C.A. 56-7-105 and/or any other applicable section the Plaintiff should recover a bad faith penalty in the amount of 25% of the face value of the policy.
5. A jury is demanded when the issues are joined.
6. Grant such relief Plaintiff is entitled.

II: Graham Swafford, JR. BPR # 06150
SWAFFORD, JENKINS & RAINES
32 Courthouse Square
Jasper, Tennessee 37347
T: (423) 942-3168
F: (423) 942-5931
Attorneys for the Plaintiff

Original : Lonna Henderson
Cc: Judy Hughes
Michelle Powell

We go Surety for Costs.

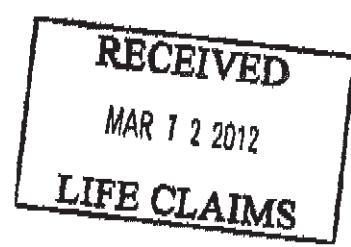
Graham Swafford

*Neville Powell v. Clarendon Shaw Life Insurance
Case No.
Order Compliant
Page 3 of 4*

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LIFE CLAIMS



*Michelle Powell is Clerk of State Life Insurance
Case No.
Order Completed
Page 4 of 4*

IMPORTANT! We cannot process your application unless you answer all questions and sign below.

10. Within the past 10 years, have you consulted a physician for, been diagnosed with, or received treatment for: stroke; TIA; Alzheimer's or other brain, mental or nervous system disorder; heart or circulatory system disease; blood disease (excluding a positive HIV test); cancer (excluding basal and squamous cell skin cancer); chronic kidney, liver, or lung disease (excluding asthma and bronchitis); alcoholism or alcohol or drug abuse?

Applicant 1: Yes No

Applicant 2: Yes No

11. Within the past 10 years, have you been hospitalized as an inpatient for: chest pain; blood pressure; diabetes; asthma; depression or other mental or nervous disorder; paralysis; seizure, anemia, or have you attempted suicide?

Applicant 1: Yes No

Applicant 2: Yes No

12. Within the past 5 years, have you been convicted of a felony; had a driver's license suspended or revoked; or been charged with 3 or more moving violations?

Applicant 1: Yes No

Applicant 2: Yes No

13. Have you been diagnosed by a person licensed as a medical doctor as having Acquired Immune Deficiency Syndrome (AIDS) or had positive test results for the AIDS virus?

Applicant 1: Yes No

Applicant 2: Yes No

14. Other than as in question 11, in the past 2 years, have you been: disabled or missed 10 or more consecutive days of work due to illness; hospitalized as an inpatient for 2 or more days; advised to have any treatment that has not been performed; or needed help with dressing, eating, walking, or breathing (including the use of oxygen)? If "yes", provide details (dates of treatment, test results, diagnoses, medications, etc.):

Applicant 1: Yes No

Applicant 2: Yes No

MAR 12 2012

Details: _____

Details: _____

LIFE CLAIMS

15. Within the past 5 years, have you consulted a physician for, been diagnosed with or received treatment for: high blood pressure; diabetes; asthma; or chronic bronchitis? If "yes", provide details (dates of treatment, test results, diagnoses, medications, etc.):

Applicant 1: Yes No

Applicant 2: Yes No

Details: H/TU, last dr visit 2008, controlled 2 medications, exercise, diet

Details: H/TU, last dr visit 2009, controlled 2 medications, exercise, diet

I authorize any medical provider, hospital, clinic, pharmacy, pharmacy benefit manager, laboratory, and the Medical Information Bureau (MIB) to provide to Garden State Life Insurance Company (GSL) or its representative, information on medical advice or treatment provided to me including for Acquired Immune Deficiency Syndrome (AIDS) and Human Immunodeficiency Virus (HIV), for underwriting purposes. I understand that GSL may disclose such information to MIB, attorneys, and government agencies for purposes of underwriting, compliance, or in response to litigation or subpoena; after being disclosed, the recipient may re-disclose it with loss of protection by federal regulations; this authorization or a copy of it is valid for 34 months from the date below; I may refuse to sign this authorization which will affect my ability to obtain coverage, and I or my representative am entitled to a copy of this authorization and any information obtained under it. I may revoke this authorization, except if GSL receives the Exchange of Information Notice and I have read the MIB Pre-Notification.

I have read the above questions and declare the answers are complete and true to the best of my knowledge and belief. I agree the answers will form a part of the policy. Subject to all conditions set forth in the policy, the insurance shall not be in force until this application has been approved by the company and the policy issued and delivered to me, and the first premium is paid while I am in the same health condition as described above.

Signature of Applicant 1: Michelle R. 12/16/09

Date X 12/16/09

Signature of Applicant 2: John S. 12/16/09

Date X 12/16/09

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and may subject such person to criminal and civil penalties. (This notice does not apply to residents of OR or VA)

*MA residents should not include tests (1) not licensed by the FDA, or (2) obtained at an anonymous test site.

GLD40

IMPORTANT: YOU MUST COMPLETE ALL QUESTIONS AND SIGN ABOVE.

SETTLEMENT PROVISIONS

Proceeds of this policy payable at the Insured's death will be paid in a single sum or by any method of settlement that may be arranged subject to Our agreement.

GENERAL PROVISIONS

INCONTESTABILITY OF THE POLICY-This policy will be contestable after it has been in force during the Insured's lifetime for two years from the Policy Date, except for nonpayment of premiums. With regard to statements made in an application for reinstatement, this policy will be contestable after it has been in force during the Insured's lifetime for two years from the date of reinstatement.

AMOUNT PAYABLE IS LIMITED IN THE EVENT OF SUICIDE-If the Insured dies by suicide, while sane or insane, within two years from the Policy Date, Our liability will be limited to the amount of the premiums paid.

MISSTATEMENT OF AGE OR SEX IN THE APPLICATION-If the Insured's Age or sex has been misstated, We will pay the amount of insurance that the premiums paid would have purchased had the Insured's Age and sex been correctly stated.

THE CONTRACT CONSISTS OF THE POLICY AND THE APPLICATION-We have issued this policy in consideration the application and payment of the premiums. A copy of the application is attached and is a part of this policy. The policy with the application make the entire contract. All statements made by or for the Insured will be considered representations and not warranties. We will not use any statement in defense of a claim unless it is made in the application and a copy of the application is attached to this policy when issued.

WHEN COVERAGE BEGINS-This policy shall not take effect until it has been delivered and the first premium is paid during the lifetime and continued insurability of the Insured.

WHO IS AUTHORIZED TO MAKE CHANGES IN THE POLICY-Only the President, a Vice president or the Secretary has the authority to bind Us or to make any change in this policy and then only in writing. No agent or person other than the above named officers has the authority to change or modify this Policy or waive any of its provisions.

OWNER OF THE POLICY-Before the Insured's death, only the Owner will be entitled to the rights granted by this policy. If the Owner is an individual and dies before the Insured, the rights of the Owner belong to the executor or administrator of the Owner's estate unless otherwise provided in this policy. If the Owner is a partnership, the rights belong to the partnership as it exists when a right is exercised.

ASSIGNMENT OF THE POLICY-We are not responsible for the adequacy of any assignment. However, when an assignment is filed with Us and recorded by Us at Our Administrative Office, the Owner's rights and those of any revocable Beneficiary will be subject to it. Any proceeds paid before We record an assignment will not be subject to that assignment.

NO DIVIDENDS ARE PAYABLE-This policy does not participate in Our profits or surplus.

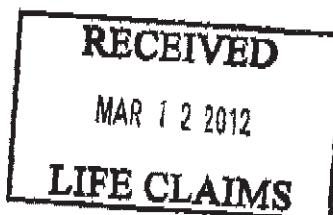
ADDITIONAL PROVISIONS

CONVERSION PRIVILEGE-While this policy is in force and prior to the Conversion Privilege Expiry Date shown on the Policy Date page, this policy may be converted without proof that the Insured is insurable. The new policy will be issued:

1. for an amount not greater than the amount of this policy;
2. on a level premium nonparticipating whole life plan;
3. at Our published rates in effect on the Policy Date of the new policy;
4. at the Age of the Insured on the Policy Date of the new policy; and
5. for the premium class as shown on the Policy Date page of this policy.

The Policy Date of the new policy will be the date to which premiums have been paid under this policy. However, the provisions of the new policy concerning suicide and contestability will be measured from the Policy Date of this policy. The new policy may include a rider providing accidental death or waiver of premium benefits only if:

1. the benefit would be available at the Insured's attained age on the Policy Date of the new policy; and
2. the Insured provides proof of insurability satisfactory to Us.



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Law Offices of
SWAFFORD, JENKINS & RAINES
An Association of Attorneys
32 Courthouse Square
P.O. Box 457
Jasper, Tennessee 37347-3510

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Judy Hughes
Claims Consultant
Garden State Life Insurance Company
P.O. Box 696840
San Antonio TX 78269-6840

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MAR 12 2012
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MAR 12 2012
LIFE CLAIMS

ated 12/11/2009 10:45:01

APPLICATION FOR INSURANCE

- Under the "Applicant 1" section, answer all questions on the front. Information in the right hand column under "Applicant 2". By signing below, I agree to the terms and conditions of the policy. On the Sale of Insurance located on the letter from Juniper. When finished, sign and date this application.
- Choose one of the following easy payment options! Your insurance will go into effect faster, your premiums will always be paid on time and you'll save the cost of a stamp if you choose to pay automatically from your checking, savings, Visa or MasterCard. Premiums will not be charged to your account until you are approved for the life insurance policy you are requesting. Once approved, your policy will be mailed to you.

The Right Protection... at the Right Time!

A. Automatic monthly deductions from my checking or savings account. (Include a numbered deposit slip or voided check.)
B. Charge monthly premiums to my Visa MasterCard

VISA, MasterCard or Discover Account Number: Expiration Date:

C. Bill me. (Send no money now.) Authorization Signature (Required for Options A or B):

Customer Number: B9F-0204036

8-01
8-02

GARDEN STATE LIFE
Insurance Company

APPLICATION FOR LIFE INSURANCE

Home Office
League City, TX 77579

APPLICANT 1:					
1. Name:	Mrs. Michelle Powell				
Address:	535 Powell Rd.				
City:	Whitwell	State:	IN	Zip:	37397
Home Phone:	(423) 7658-2103				
Work Phone:	(423) 779-2100				
E-mail Address:	526346666666@yahoo.com				
Date of Birth:	01/09/1951				
Social Security Number:	409-92-6124				
Place of Birth:	Chattanooga, TN				
U.S. Citizen:	<input type="checkbox"/> Yes <input type="checkbox"/> No				
If 'No', Do You Have Permanent Resident Status:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				

2. Plan:	Term to Age 80 (7)
Amount:	<input type="checkbox"/> \$250,000 <input type="checkbox"/> \$150,000 <input type="checkbox"/> \$50,000 <input checked="" type="checkbox"/> Other: \$100,000
Automatic Premium Loan Provision Requested?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

3. Type of tobacco product used in the last 12 months:
<input type="checkbox"/> cigarettes <input type="checkbox"/> cigars <input type="checkbox"/> pipe <input type="checkbox"/> chewing tobacco <input checked="" type="checkbox"/> none

4. Height:	5 ft. 1 in.	Weight:	180 lbs.
5. Marital Status:	<input checked="" type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Widowed		

6. Income:	<input type="checkbox"/> Under \$10,000 <input type="checkbox"/> \$10,000-\$24,999 <input checked="" type="checkbox"/> \$25,000-\$49,999 <input type="checkbox"/> \$50,000-\$99,999 <input type="checkbox"/> \$100,000+
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7. Occupation:	R.N.
----------------	------

8. Beneficiary:	Mrs. Michelle Powell
Relationship:	Spouse
If no beneficiary survives you, or none is named, payment will be made to your estate.	

9. Will this policy replace any existing life insurance or annuity?	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <small>If Yes, name of company to be replaced:</small>	
Company:	Prudential
Amount:	\$100,000

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PLEASE CONTINUE ON BACK AND SIGN APPLICATION

dated 12/11/2009 10:45:01

APPLICATION FOR INSURANCE

- Under the "Applicant 1" section, answer all questions on the front information in the right hand column under "Applicant 2". By signing and returning this application, you are giving your consent to the sale of insurance located on the letter from Juniper. When will this policy go into effect? On the sale of insurance located on the letter from Juniper. When will this policy go into effect?
- Choose one of the following easy payment options: Your insurance will go into effect faster, your premiums will always be paid on time and you'll save the cost of a stamp if you choose to pay automatically from your checking, savings, Visa or MasterCard. Premiums will not be charged to your account until you are approved for the life insurance policy you are requesting. Once approved, your policy will be mailed to you.

The Right Protection... at the Right Time!

A. Automatic monthly deductions from my checking or savings account. (Include a numbered deposit slip or valid check.)
B. Charge monthly premiums to my Visa MasterCard

VISA, MasterCard or Discover Account Number:
C. Bill me. (Send no money now.)
B9F-0204038

0000016467 APP 1 GARDEN STATE LIFE

ALL
DUE

Expiration Date

Authorization Signature (Required for Options A or B)

CUSTOMER NUMBER

B91QF2AY-WB07A

GARDEN STATE LIFE
Insurance Company

APPLICATION FOR LIFE INSURANCE

Home Office
League City, TX 77579

APPLICANT 1:

1. Name: Ms. Michelle Powell
Address: 535 Powell Rd.
City: Whitwell State: TN Zip: 37397
Home Phone: (423) 658-2103
Work Phone: (423) 778-2100
E-mail Address: 52551ukeruhie@yahoo.com
Date of Birth: 01/09/1951 Female Male
Social Security Number: 409-92-6124
Place of Birth: Whitwell, TN U.S. Citizen: Yes No
If 'No', Do You Have Permanent Resident Status: Yes No

2. Plan: Term to Age 80 (7)

Amount: \$250,000 \$150,000
 \$50,000 Other: \$150,000
Automatic Premium Loan Provision Requested? Yes No

APPLICANT 2:

1. Name: M. Glen Powell
Address: Same
City: Same State: Same Zip: MAR 12 2011
Home Phone: (423) 658-2103
Work Phone: (423) 778-2100
E-mail Address: Same
Date of Birth: 01/11/1944 Female Male
Social Security Number: 411-70-2424
Place of Birth: Whitwell, TN U.S. Citizen: Yes No
If 'No', Do You Have Permanent Resident Status: Yes No

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LIFE CLAIMS

2. Plan: Term to Age 80 (7)

Amount: \$250,000 \$150,000
 \$50,000 Other: \$150,000
Automatic Premium Loan Provision Requested? Yes No

3. Type of tobacco product used in the last 12 months:

cigarettes cigar pipe chewing tobacco none

4. Height: 5 ft 10 in. Weight: 180 lbs.

5. Marital Status: Married Divorced Separated

Single Widowed

6. Income: Under \$10,000 \$10,000-\$24,999

\$25,000-\$49,999 \$50,000-\$99,999 \$100,000+

7. Occupation: Retired

8. Beneficiary: Michelle Powell

Relationship: Daughter

If no beneficiary survives you, or none is named, payment will be made to your estate.

9. Will this policy replace any existing life insurance or annuity?

Yes No If Yes, name of company to be replaced:

Company: Proudland

Amount: \$150,000

10. Will this policy replace any existing life insurance or annuity?

Yes No If Yes, name of company to be replaced:

Company: Proudland

Amount: \$150,000

GU040

PLEASE CONTINUE ON BACK AND SIGN APPLICATION

Insurance Professionals at 1-800-732-4739 regular 9am to 7pm EST on line

www.gardenstate.com